



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. MARY'S MEDICAL CENTER (HOBART)

City of Hospital: Hobart

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 150034

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$287299986	Contractual Allowance	\$342483750
Outpatient Patient Service Revenue	\$291879803	Other Deductions	\$27291555
Total Gross Patient Service Revenue	\$579179789	Total Deductions	\$369775305

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$209404484
Other Operating Revenue	\$6562301
Total Operating Revenue	\$215966785

4. Operating Expenses

Salaries and Wages	\$61451000	Employee Benefits	\$15169421
Depreciation and Amortization	\$10571831	Interest Expense	\$837331
Bad Debt	\$0	Other Expenses	\$110587674
Total Operating Expenses	\$198617257		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17349529	Total Assets	\$154292010
Net Non-operating Gains over Loss	\$198116	Total Liabilities	\$47228387
Total Net Gains	\$17547645		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$265201581	\$188946053	\$76255528
Medicaid	\$59870268	\$37708452	\$22161816
Other Government	\$41981698	\$30338757	\$11642941
Other State	\$0	\$0	\$0
Other Payers	\$212126242	\$85490488	\$126635754
Total	\$579179789	\$342483750	\$236696039

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$207178	\$-207178

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$867700	\$-867700
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$682959	\$-682959

Number of Medical Professionals Trained	608
Number of Hospital Patients Educated	58173
Number of Citizens Exposed to Health Education Messages	167722

Statement Six: Charity Statement

Hospital Charity Charges	\$17396441
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$4138193	
HCI Payments	\$0		
Subtotal	\$0	\$4138193	\$-4138193
Medicaid Shortfalls	\$18561808	\$29246748	
Subtotal	\$18561808	\$33384941	\$-14823133
DSH Payments	\$1,528,289		
Subtotal	\$20090097	\$33384941	\$-13294844
Medicare Shortfalls	\$76923219	\$76928286	
Other Government Programs	\$11642941	\$11900808	
Total	\$108656257	\$122214035	\$-13557778

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$138480	\$280811	\$-142331
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0